

**ARKANSAS INSURANCE DEPARTMENT  
RATE FILING ABSTRACT**

Insured Name: Cameron National Insurance Company  
 NAIC Number: 0532-42498  
 Name of Advisory Organization Whose Filing you are Referencing: N/A  
 Co. Affiliation to Advisory Organization: Member: N/A  
 Reference #: N/A

Contact Person: David Grimm  
 Signature: [Signature]  
 Telephone #: 1-800-326-6511 Ext. 355  
 Subscriber: X Service Purchaser: ISO  
 Proposed Effective Date: 1/1/2006

(1) LINE OF BUSINESS By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	For Lost Costs Only				
			(4) Expected Lost Ratio	(5) Lost Cost Modification Factor	(6) Selected Lost Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Auto							
BI	-12.1%	-12.1%					
PD	-11.5%	-11.5%					
MP	-11.5%	-11.5%					
UMBI	-9.6%	-9.6%					
UIMBI	-9.4%	-9.4%					
Comp	-10.8%	-10.8%					
Coll	-10.3%	-10.3%					
<b>TOTAL OVERALL EFFECT</b>	<b>-11.0%</b>	<b>-11.0%</b>					

N/A Apply Loss Cost Factors to Future Filings? (Y or N)  
 Unknown Estimated Maximum Rate Increase for any Arkansas Insured (%)  
 Unknown Estimated Maximum Rate Decrease for any Arkansas Insured (%)

**5 Year History**

Year	Policy Count	Rate Change %	History Effective Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2004	31	-4.9%	9/1/2004	13	0	0.0%	41.0%

Corresponds to Question 3 on RF-2 or RF-WO

**Selected Provisions**

A. Total Production Expense	N/A
B. General Expense	N/A
C. Taxes, License, and Fees	N/A
D. Underwriting Profit & Contingencies	N/A
E. Other	N/A
F. TOTAL	N/A